

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Beech Springsor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-C Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child William Charles Sheehan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1, 1922
(Name of Month) (Day) (Year)(8) FULL NAME W. Sheehan (9) PRESENT POSTOFFICE OF FATHER Inman (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (12) BIRTHPLACE NC (13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Ida Green (15) PRESENT POSTOFFICE OF MOTHER Inman (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (18) BIRTHPLACE NC (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive ad 10 15 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jash. Gibson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Inman

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 2, 1922 (28) E. C. Rogers Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.